

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3159

318

1003

168

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2229</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>21</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1416 Papin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6th. At Poplar St.</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>R</u> c. (Last) <u>Williams</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 16th 1928</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>21</u> If under 1 year: Months <u>9</u> If under 1 year: Days _____ If under 1 year: Hours _____ If under 1 year: Min. _____		11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME <u>Buckner Williams</u>			
13b. MOTHER'S MAIDEN NAME <u>Anna Gaten</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World #222/15/46318-20-36</u>				16. SOCIAL SECURITY NO. <u>World #222/15/46318-20-36</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>None</u>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound of Heart; suffered when shot with gun in the hands of Sergeant Davis &amp; Detective Paluczak while in the performance of their official police duty between 6th &amp; 7th St. on a parking lot</u> DUE TO (b) <u>between 6th &amp; 7th St. on a parking lot</u> DUE TO (c) <u>between 6th &amp; 7th St. on a parking lot</u> II. OTHER SIGNIFICANT CONDITIONS on Poplar Street, around 12:36 A.M., Jan. 3rd, 1950. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>STAFFAGE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo. 3984X</u>			
21d. TIME OF INJURY <u>1/3/50 12:36 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See Above.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:36 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. J. Quinn</u>				23b. ADDRESS <u>1300. Clair</u>		23c. DATE SIGNED <u>1/5/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 2nd 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE, BUT ADDRESS <u>A. H. Burks 212 Carroll</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 42 43

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jhs J. Yandell

Licensed Embalmer No. 42 43

P. O. Address Water Grove ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.